04415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 6 hrs. 45 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Florian (Middle) Jean. (Last) Allen.

4. DATE OF DEATH (Month) April (Day) 16 (Year) 1950

5. SEX F.

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.

8. DATE OF BIRTH March. 14, 1950

9. AGE last birthday yrs. If under 1 year Months 1 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Russell Allen

14. MOTHER'S MAIDEN NAME Margaret Shonner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Russell Allen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diarrhea — INTERVAL BETWEEN ONSET AND DEATH 2 days

571.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

119a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 14, 1950, to Apr 16, 1950, that I last saw the deceased alive on April 16, 1950, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE M. F. Buell (Degree or title) MSL ADDRESS Easton Md DATE SIGNED 4-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/18/50

NAME OF CEMETERY OR CREMATORY Richards

LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 4/19/50

REGISTRAR'S SIGNATURE N. H. Neeries

24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton

4-1-3-14-0-34-8-40-R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 27 1950
BUREAU V. S.

4/27

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11416

Reg. Dist. No. 29D

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 8½ Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) P. (Last) Banks

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1950

5. SEX: M

6. COLOR OR RACE: B

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 27, 1907

9. AGE last birthday: 42 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Robert Banks

14. MOTHER'S MAIDEN NAME: Charlotte Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Lawson Banks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertension Cerebro Vascular Encephalopathy — Interval Between Onset and Death: days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

334X
872

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27-50, to 4-27-50, that I last saw the deceased alive on 4-27-50, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Martin F Buell Md Easton Md 4-28-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5/1/50
NAME OF CEMETERY OR CREMATORY: Trappe
LOCATION (City, town, or county) (State): Trappe Md

DATE REC'D BY LOCAL REG. 4/28/50
REGISTRAR'S SIGNATURE: M. H. Merrill
24. FUNERAL DIRECTOR: Wm W. Henry
ADDRESS: Easton Md

904 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04417

Reg. Dist. No. 791

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS — — — —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels Md
STREET ADDRESS (If rural, give location) April 28 1950

3. NAME OF DECEASED (Type or Print): (First) JOSEPHINE (Middle) (Last) Bond

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 5, 1867

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Roberts

14. MOTHER'S MAIDEN NAME: Mary Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: John S. Bond 919 No. Carrollton Balto. 17

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444 Immediate cause (a) Monaplegia — Interval Between Onset and Death: 6 Weeks

83d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 3 Years

(c) none

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1946, to April 28, 1950, that I last saw the deceased alive on April, 1950, and that death occurred at 1154 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hayward T. Watts, M.D. ADDRESS DATE SIGNED April 30, 1950

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: May 2, 1950
NAME OF CEMETERY OR CREMATORY: St. Michaels Colored
LOCATION (City, town, or county) (State): St. Michaels Md.

DATE REC'D BY LOCAL REG.: May 1, 1950
REGISTRAR'S SIGNATURE: Mrs Robert Leeds

24. FUNERAL DIRECTOR: Norman D. Marshall ADDRESS: St. Michaels, Md.

Well

RECEIVED
MAY 4 1950
BUREAU V. S.

04418

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; Easton MARYLAND; LENGTH OF STAY (in this place) 35; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) Roland (Last) Chambers

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: (about) 1930

9. AGE last birthday: 29 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Blind Shop

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr Roland Chambers

14. MOTHER'S MAIDEN NAME: Belle Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Mr Roland Chambers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Glomerular Nephritis	12 years
592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131b	(b) Malignant Hypertension	8 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/4, 19 50, to 4/25, 19 50, that I last saw the deceased alive on 4/25, 19 50, and that death occurred at 9:05A m., from the causes and on the date stated above.

SIGNATURE Jno B Timmons. (Degree or title) ADDRESS Preston Maryland DATE SIGNED 4/26/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 4/29/50; NAME OF CEMETERY OR CREMATORY M. Order; LOCATION (City, town, or county) (State) Lincheston Md

DATE REC'D BY LOCAL REG. 4/29/50; REGISTRAR'S SIGNATURE M. H. Nelms

24. FUNERAL DIRECTOR: S. S. Frampton & Son, Federalsburg, Md ADDRESS

XVX 10

RECEIVED
MAY 3 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04419

Reg. Dist. No. 294

1. PLACE OF DEATH · COUNTY: Talbot · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md · COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wittman · LENGTH OF STAY (in this place): 55 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wittman
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Oscar	(Middle) J.	(Last) Coleman	4. DATE OF DEATH	(Month) Apr. (Day) 2 (Year) 1950
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Aug 7 1878	9. AGE last birthday: 71 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired	10b. KIND OF BUSINESS OR INDUSTRY: Farm owner	11. BIRTHPLACE (State or foreign country): Berlin, Pa.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: H. Frank Coleman	14. MOTHER'S MAIDEN NAME: Mary Jane Kimmel				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no · (If year, give war or dates of service): no	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: Mrs. O. J. Coleman Wittman, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute Dilatation of heart

410 Antecedent cause(s) (b) valvular heart condition & stenosis mitral valve

92 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1946, to April 2, 1950, that I last saw the deceased alive on March 29, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Guy M Reeser Md. ADDRESS: Tilghman Md. DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Apr. 5, 1950	NAME OF CEMETERY OR CREMATORY: Springhill	LOCATION (City, town, or county) (State): Easton, Md.
DATE REC'D BY LOCAL REG.: April 3-1950	REGISTRAR'S SIGNATURE: G. Wesley Sewell	24. FUNERAL DIRECTOR: Newnam & Harrison, St. Michaels, Md.	ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04420

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royale Oak
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) K. (Last) Collins

4. DATE OF DEATH (Month) April (Day) 7th (Year) 1950

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 4-1-1860
9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired HW
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Penn Trencastle
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr William Krefs
14. MOTHER'S MAIDEN NAME Sarah Eacher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Mr. William E. J Collins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary oedema.	48 hrs.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	year +
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950, to decease, 19....., that I last saw the deceased alive on April 6, 1950, and that death occurred at 11:24 a.m., from the causes and on the date stated above.

SIGNATURE Charles P. Waite MD. (Degree or title) ADDRESS N. Michaels Md. DATE SIGNED 4/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/10/50
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 4/7/50
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR M. E. Newnam & Son
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 20 1950
BUREAU V. S.

04421

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location): 13 Locust St.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) (Last) Copper
4. DATE OF DEATH: (Month) Apr. (Day) 14 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 8-1898
9. AGE last birthday: 51 yrs. — If under 1 year: Months 11, Days 6 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Easton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Annie Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: John Copper, Easton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

444X Antecedent cause(s)

111c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — yes

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26, 1947, to 4-14, 1950, that I last saw the deceased alive on 4-12, 1950, and that death occurred at 2 am m., from the causes and on the date stated above.

SIGNATURE: M. F. Buell (Degree or title) MD ADDRESS: Easton Md DATE SIGNED: 4-14-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Apr 17 1950
NAME OF CEMETERY OR CREMATORY: Richards Cemetery
LOCATION (City, town, or county): Easton (State): Md.
DATE REC'D BY LOCAL REG.: 4/15/50
REGISTRAR'S SIGNATURE: N. H. Neeres
24. FUNERAL DIRECTOR: John D. Williams ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 27 1950
BUREAU U. S.

Evidence for change of age shown on:

FILM No. G 126 MAY 23 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04422

Reg. Dist. No. 29X

1. PLACE OF DEATH · COUNTY: Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman, Md. LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) T.	(Last) CUMMINGS	4. DATE OF DEATH	(Month) April (Day) 28 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: May 27, 1883	9. AGE last birthday: 66 ~~67~~ yrs.	If under 1 year: Months 11, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman	10b. KIND OF BUSINESS OR INDUSTRY: Self	11. BIRTHPLACE (State or foreign country): Tilghman, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: John T. Cummings	14. MOTHER'S MAIDEN NAME: Sara A. Jackson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Mrs. Wm. T. Cummings, Tilghman, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	instant
Antecedent cause(s)	(b) Vascular Heart disease	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Venous Pneumonia	

492x

92d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. na

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: ~~Tilghman Talbot~~	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Tilghman Talbot Md	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1938, to April 28, 1950, that I last saw the deceased alive on April 28, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Guy M Reese	Md.	Tilghman Talbot	Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: May 2, 1950	NAME OF CEMETERY OR CREMATORY: Tilghman Church Cemetery	LOCATION (City, town, or county) (State): Tilghman, Md.
DATE REC'D BY LOCAL REG.: May 1 55	REGISTRAR'S SIGNATURE: G A Jackson	24. FUNERAL DIRECTOR: Newnam & Harrison	ADDRESS: St. Michaels, Md.

90099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04423

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels, — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) FLETCHER (Last) FAIRBANK

4. DATE OF DEATH: (Month) April (Day) 10, (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 22, 1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter - Bldg. Contr. & Cab. Maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Michaels, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas H. Fairbank

14. MOTHER'S MAIDEN NAME: Amanda Sewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: 217-01-9347

17. INFORMANT AND ADDRESS: Mrs. Fletcher Fairbank St. Michaels, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary Thrombosis,

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Hypertensive cardio vascular disease.

(c):

INTERVAL BETWEEN ONSET AND DEATH: years +.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 19 49, to present, 19....., that I last saw the deceased alive on April 8, 19 49, and that death occurred at 3 p.m. 4-10-50, from the causes and on the date stated above.

SIGNATURE: C. P. Coate — (Degree or title): M.D. — ADDRESS: St. Michaels Md. — DATE SIGNED: 4/11/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: April 12, 1950 — NAME OF CEMETERY OR CREMATORY: Olivet Cemetery — LOCATION (City, town, or county) (State): St. Michaels, Maryland

DATE REC'D BY LOCAL REG.: April 81, 50 — REGISTRAR'S SIGNATURE: Mrs Robt E Seth

24. FUNERAL DIRECTOR — ADDRESS: Newnam & Harrison, St. Michaels, Md.

308V9

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APR 18 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04424

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe R.F.D 2 Box 274
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) Mae (Last) FreeMAN

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1950

5. SEX: F

6. COLOR OR RACE: Negro

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 12-15-'73

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Dickerson

14. MOTHER'S MAIDEN NAME: Adellia Emrels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Garrison Freeman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Abdominal Carcinomatosis — 1 yr.

197.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

55e

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1948, to 4-6, 1950, that I last saw the deceased alive on 4-5, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE: W J Buell — (Degree or title) Md — ADDRESS Easton Md — DATE SIGNED April 8, 1950

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF 4/10/1950 — NAME OF CEMETERY OR CREMATORY Scott Cemetery — LOCATION (City, town, or county) (State) Trappe Talbot Md.

DATE REC'D BY LOCAL REG. 4/8/50 — REGISTRAR'S SIGNATURE N. H. Reeves — 24. FUNERAL DIRECTOR ADDRESS Leon W. Henry Easton, Md.

VS. A15

RECEIVED
APR 13 1950
BUREAU OF

4-2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04425

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 2 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Federalsburg COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Paul (Last) Gleine

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): married

8. DATE OF BIRTH: Dec 1, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm Owner

11. BIRTHPLACE (State or foreign country): Md (Mt. Savage)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Fred Gleine

14. MOTHER'S MAIDEN NAME: Christiana Fostenman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Mrs Fannie Gleine Federalsburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x **Immediate cause** (a) Cardio-vascular renal disease — Interval between onset and death: Several years.

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22/, 1950, to 4/24/, 1950, that I last saw the deceased alive on 4/23/, 1950, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE: B Cox M.D. (Degree or title) ADDRESS: Easton Md DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/26/50 — NAME OF CEMETERY OR CREMATORY: Hill Crest — LOCATION (City, town, or county) (State): Federalsburg Md

DATE REC'D BY LOCAL REG.: 4/25/50 — REGISTRAR'S SIGNATURE: N.H. Nevins

24. FUNERAL DIRECTOR: J.J. Trampton & Son — ADDRESS: Federalsburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1950
BUREAU V. S.

04426

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH — COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak — LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) W. (Middle) Sherman (Last) Harris
4. DATE OF DEATH (Month) April (Day) 28 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Jan 7, 1865
9. AGE last birthday 85 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (State or foreign country) Royal Oak, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Harris
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. Lyda Hynson, Royal Oak, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Heart — 6 yrs

592 x Antecedent cause(s)

131 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis — 7 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) none (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1948, to April, 1950, that I last saw the deceased alive on April, 1928, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE Hayward T. Neff (Degree or title) — ADDRESS 633 Dover St. Easton, Md — DATE SIGNED 4/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE May 1, 1950 — NAME OF CEMETERY OR CREMATORY Colored Cemetery — LOCATION (City, town, or county) Royal oak, Maryland (State)
DATE REC'D BY LOCAL REG. April 30/50 — REGISTRAR'S SIGNATURE Mrs Robt L. Seth
24. FUNERAL DIRECTOR Newnam & Harrison, St. Michaels, Md. — ADDRESS

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 2 1950
BUREAU V. S.

17.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04427

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Cornelia (Middle) (Last) Haskins

4. DATE OF DEATH (Month) April (Day) 24 (Year) 1950

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Mar 7 1883

9. AGE Last birthday 67 yrs. If under 1 year Months — Days 22 If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Bellevue Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lloyd Bennuel

14. MOTHER'S MAIDEN NAME Harriett Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Elbert Haskins Bellevue Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 5 days

331 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

530 (b) Hypertension — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1949, to April 24, 1950, that I last saw the deceased alive on April 24 1950, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hayward T. Duff M.D. ADDRESS Easton, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE April 27-50 — NAME OF CEMETERY OR CREMATORY St Paul Church — LOCATION (City, town, or county) Trappe — (State) Md

DATE REC'D BY LOCAL REG. 4/25/50 — REGISTRAR'S SIGNATURE N.B. Nevins

24. FUNERAL DIRECTOR Wm. Willis Easton — ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1950
BUREAU OF

04428

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) P. (Last) Horne

4. DATE OF DEATH (Month) April (Day) 24 (Year) 1950

5. SEX F.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Aug 18, 1874

9. AGE last birthday 75 yrs. If under 1 year Months 7 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? N.D.

13. FATHER'S NAME Dee Davis

14. MOTHER'S MAIDEN NAME Martha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Davis Horne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis due to cerebral	3 days
332 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	
83 b	(c) Essential hypertension	(?)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to 24 Apr, 1950, that I last saw the deceased alive on 24 Apr, 1950, and that death occurred at 11:50 A.M. m., from the causes and on the date stated above.

SIGNATURE Thomas Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 25 Apr 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 26

NAME OF CEMETERY OR CREMATORY Forest Hill

LOCATION (City, town, or county) Forest Hill (State) Md

DATE REC'D BY LOCAL REG. 4/25/50

REGISTRAR'S SIGNATURE N.H. Neerus

24. FUNERAL DIRECTOR [illegible] ADDRESS Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1950
BUREAU P. R.

4/18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04429

CERTIFICATE OF DEATH

Reg. Dist. No. 29D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Talbot County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Maryland.
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rodney (Middle) Howard (Last) Hubbard

4. DATE OF DEATH (Month) April (Day) 21 (Year) 1950

5. SEX M

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH March 18, 1872

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Md (Concord)

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Mr James P Hubbard

14. MOTHER'S MAIDEN NAME Martha Bades

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs Charles Walls

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocardial Failure — 3 days

491 x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107 (b) Bronchial Pneumonia, Sequel of a Cold. — 4 days

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 18th, 1950, to Apr. 21st, 1950, that I last saw the deceased alive on Apr. 21st, 1950, and that death occurred at 6:50 a m., from the causes and on the date stated above.

SIGNATURE William S. Seymour (Degree or title) ADDRESS DATE SIGNED Apr. 22nd 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/24/50

NAME OF CEMETERY OR CREMATORY Spring Hill

LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 4/22/50

REGISTRAR'S SIGNATURE N. H. Nevitt

24. FUNERAL DIRECTOR Maurice C. Meconaughy & Son

ADDRESS Easton Md

VS. A15

RECEIVED
MAY 3 1950
BUREAU

04430

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1½ days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) (Last) Jones.
4. DATE OF DEATH (Month) April (Day) 12 (Year) 1950
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 11, 1901
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr Emmett Jones
14. MOTHER'S MAIDEN NAME Katie Avril
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT Mr Harry Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Encephalitis, acute, cause undetermined	6 days
343x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
80b	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Mar, 1950, to 12 Mar, 1950, that I last saw the deceased alive on 12 Mar, 1950, and that death occurred at 5 15 a.m., from the causes and on the date stated above.

SIGNATURE Winston Harrison (Degree or title) M.D. ADDRESS Carlton Maryland DATE SIGNED 12 Mar 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/15/50
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) Greensboro (State) Md.
DATE REC'D BY LOCAL REG. 4/13/50
REGISTRAR'S SIGNATURE N.H. Neerus
24. FUNERAL DIRECTOR R.B. Rawlings ADDRESS Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 20 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 125 MAY 8 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04431

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: TALBOT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cordova, Md Rural. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Talbot — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cordova R.F.D. Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): GILBERT ROBERT. KELLUM
4. DATE OF DEATH (Month) (Day) (Year): APRIL 22 1950
5. SEX: Male
6. COLOR OR RACE: Colored.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec. 15, 1879
9. AGE last birthday: 50 yrs. — If under 1 year: Months 4, Days 7 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm work
10b. KIND OF BUSINESS OR INDUSTRY: Owner Farmer
11. BIRTHPLACE (State or foreign country): Cordova, Talbot, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: WILLIAM KELLUM
14. MOTHER'S MAIDEN NAME: Mary Warner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): —
16. SOCIAL SECURITY No.: 218-09-1563
17. INFORMANT AND ADDRESS: Earl Stafford = Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Thrombosis	15 min.
94a	Antecedent cause(s)		
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gen Art Sch	yes
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17, 1949, to 4-22, 1950, that I last saw the deceased alive on 4-20, 1950, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE: M F Bucell — (Degree or title): Med — ADDRESS: Easton — DATE SIGNED: Md 4-24-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): — DATE: 4-25-50 — NAME OF CEMETERY OR CREMATORY: New Town Cemetery — LOCATION (City, town, or county): Cordova, Talbot — (State): Md.

DATE REC'D BY LOCAL REG.: 4/25/50 — REGISTRAR'S SIGNATURE: N.H. Neeries — 24. FUNERAL DIRECTOR: Earl W Stafford — ADDRESS: Easton Md.

000 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 3 1950
BUREAU OF S

04432

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Russell (Middle) (Last) McKay

4. DATE OF DEATH (Month) April (Day) 17 (Year) 1950

5. SEX M.
6. COLOR OR RACE Black.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 14, 1919
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Poultry dealer
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Mitchell McKay
14. MOTHER'S MAIDEN NAME Nora Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mr Ernest Gerardi

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Burns, 2nd + 3rd degree, legs, back + hands — INTERVAL BETWEEN ONSET AND DEATH: 9 days

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

181 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Federalsburg (COUNTY) Caroline (STATE) Maryland
TIME OF INJURY (Month) April (Day) 8 (Year) 1950 (Hour) 3.00 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Gasoline can exploded, set house on fire.

22. I hereby certify that I attended the deceased from April 8, 1950, to April 17, 1950, that I last saw the deceased alive on April 15, 1950, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE James McC. Finney (Degree or title) M.D. ADDRESS Memorial Hospital, Easton Maryland DATE SIGNED April 21, 1950

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/21/50
NAME OF CEMETERY OR CREMATORY Rowland
LOCATION (City, town, or county) Rowland (State) N.C.

DATE REC'D BY LOCAL REG. 4/20/50
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR J J Frandsen Son. ADDRESS Federalsburg Md.

988VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 27 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04433

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
MARYLAND
LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henderson R 1.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mr. Elwood (Middle) (Last) Morris

4. DATE OF DEATH (Month) April (Day) 11 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Feb 23, 1902

9. AGE last birthday 48 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md (Q.A. Co.)

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Morris

14. MOTHER'S MAIDEN NAME Anna Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY No. Unknown

17. INFORMANT Mrs Mary Morris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Thrombosis	8 days
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1950, to April 11, 1950, that I last saw the deceased alive on April 11, 1950, and that death occurred at 12 01A m., from the causes and on the date stated above.

SIGNATURE M. V. Palmer (Degree or title) M.D. ADDRESS Easton, Md DATE SIGNED 4/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Buried

DATE THEREOF 4/14/50

NAME OF CEMETERY OR CREMATORY Greensboro

LOCATION (City, town or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. 4/14/50

REGISTRAR'S SIGNATURE M. H. Nevins

24. FUNERAL DIRECTOR E. B. Rawlings ADDRESS Greensboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04434

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue | LENGTH OF STAY (in this place) all of life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harriett (Middle) Jane (Last) Nichols

4. DATE OF DEATH: (Month) Apr. (Day) 20 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 8, 1885

9. AGE last birthday: 65 yrs. | If under 1 year: Months 2 Days 12 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Oyster Shucking

11. BIRTHPLACE (State or foreign country): Bellevue Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Johnson

14. MOTHER'S MAIDEN NAME: Julia Lloyd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 220-09-1121 6-04-010

17. INFORMANT AND ADDRESS: Thomas Nichols, Bellevue Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Anasarca — Interval Between Onset and Death: 6 mo

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 1950, to 4/20, 1950, that I last saw the deceased alive on 4/20, 1950, and that death occurred at 9:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. T. Buell M.D. Easton Md 4/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Apr. 24-50 | NAME OF CEMETERY OR CREMATORY: Richards Cemetery | LOCATION (City, town, or county) (State): Easton, Maryland

DATE RECD BY LOCAL REG. 4/21/50 | REGISTRAR'S SIGNATURE: N. H. Meeres | 24. FUNERAL DIRECTOR. ADDRESS: John D. Williams, Easton, Md.

496 X1

RECEIVED
APR 27 1959
BUREAU OF

04435

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Royal Oak
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Royal Oak
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Harrington (Last) Pastorfield
4. DATE OF DEATH (Month) April (Day) 18 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 5-1889
9. AGE last birthday: 60 yrs. If under 1 year: Months 9, Days 13; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Bellevue, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William L. Myers
14. MOTHER'S MAIDEN NAME: Eva Meeds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: P. Marvin Pastorfield Royal Oak Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immed

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: Louis Whitty MD DME (Degree or title) — ADDRESS: Easton Md — DATE SIGNED: 4-24-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: April 21-1950
NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery
LOCATION (City, town, or county) (State): Easton, Md.
DATE REC'D BY LOCAL REG.: 4/19/50
REGISTRAR'S SIGNATURE: N. H. Neerus
24. FUNERAL DIRECTOR: John D. Williams, ADDRESS: Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

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RECEIVED
MAY 3 1950
BUREAU U. S.

Dr. Webb.
04436

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unionville — LENGTH OF STAY (in this place) all of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton R.7 D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unionville
STREET ADDRESS (If rural give location) Easton R D #1

3. NAME OF DECEASED (Type or Print): (First) William (Middle) HENRY (Last) Roberts
4. DATE OF DEATH: (Month) Apr. (Day) 12 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Colored.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: Aug. 2, 1889
9. AGE last birthday: 60 yrs. — If under 1 year: Months 8 Days 10 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Tree Nursery
11. BIRTHPLACE (State or foreign country): Talbot Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Murray Roberts
14. MOTHER'S MAIDEN NAME: Lucy Dobyon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 216-03-7506.
17. INFORMANT: Lyetta Johnson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.2 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Senile

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1950, to April 12, 1950, that I last saw the deceased alive on April 12, 1950, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE Maynard T. Webb (Degree or title) M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 4/15/50 | NAME OF CEMETERY OR CREMATORY Unionville | LOCATION (City, town, or county) (State) Unionville Md.

DATE REC'D BY LOCAL REG. 4/15/50 | REGISTRAR'S SIGNATURE N.B. Merrick | 24. FUNERAL DIRECTOR ADDRESS Maurice E. Newnam & Son Easton, Maryland 988 VV

VS. A15

RECEIVED
APR 20 1950
BUREAU OF S.

Dr. Steven

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04437

CERTIFICATE OF DEATH

Reg. Dist. No. 290

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 7 Harrison St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) W. (Last) Robinson

4. DATE OF DEATH: (Month) Apr. (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 4 1878

9. AGE last birthday: 72 yrs. — If under 1 year: Months 8 Days 4 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tenant Farm

11. BIRTHPLACE (State or foreign country): Talbot Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William F. Robinson

14. MOTHER'S MAIDEN NAME: Carrie Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 213-14-1332

17. INFORMANT: Mrs. Earle Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral Hemorrhage — 8 hrs

Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 6 yrs.

(c) Hypertension — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 6, 1948, to Apr. 8, 1950, that I last saw the deceased alive on Apr. 8, 1950, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE: R. McC. Steven (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED: 4-10-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4/11/50 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county) (State): Easton - Md.

DATE REC'D BY LOCAL REG. 4/10/50 — REGISTRAR'S SIGNATURE: N. H. Nevins — 24. FUNERAL DIRECTOR: Maurice E. Devaney — ADDRESS: for Easton Md.

VS. A15

RECEIVED
APR 13 1950
BUREAU

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04438

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wittman, Md. — LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY: Alleghany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsburgh
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) ANDREW (Last) WALLHAUSER M.D.
4. DATE OF DEATH (Month) April (Day) 5 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 11, 1892
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired physician
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry A. T. Wallhauser
14. MOTHER'S MAIDEN NAME: Rathel Vogt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Gene Wallhauser, Wittman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 2 weeks

Antecedent cause(s) (b) Cirrhosis liver (Lennec's type) — 2 yrs (plus)

581.1
124.6

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to April, 1950, that I last saw the deceased alive on 3/25, 1950, and that death occurred at 11:10 p.m. April 5, 1950, from the causes and on the date stated above.

SIGNATURE: Charles P. Waite (Degree or title) MD. — ADDRESS: St. Michaels Md. — DATE SIGNED: 4/6/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: April 8, 1950 — NAME OF CEMETERY OR CREMATORY: Fairmont Cemetery — LOCATION (City, town, or county) (State): Newark, New Jersey

DATE REC'D BY LOCAL REG.: April 6. 1950 — REGISTRAR'S SIGNATURE: G. Wesley Sewell. — 24. FUNERAL DIRECTOR: Newnam & Harrison, St. Michaels, Md. — ADDRESS:

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APR 12 1950
BUREAU V. S.

4/9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04439

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 7 Hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Waples.

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Black.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed.

8. DATE OF BIRTH: March 9, 1877

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm hand

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Robert Waples

14. MOTHER'S MAIDEN NAME: Mary Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Legh Peck

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lung Abscess — Interval Between Onset and Death: ?

521 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
114 d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/9/, 1950, to 4/9/, 1950, that I last saw the deceased alive on 4/9/, 1950, and that death occurred at 7:50 p. m., from the causes and on the date stated above.

SIGNATURE M Cof (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4/13/50 — NAME OF CEMETERY OR CREMATORY Denton — LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REG. 4/8/50 — REGISTRAR'S SIGNATURE N.H. Nerves

24. FUNERAL DIRECTOR Leon W. Henry ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 20 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

04440

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 17 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) Denton Road

3. NAME OF DECEASED (Type or Print): (First) Benny (Middle) (Last) Williams

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: (Month) Unknown (Day) (Year) 1874

9. AGE last birthday: About 75 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Chicken Plant

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Maryland State Police

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock - Extensive burns — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

9160 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
181 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) Federalsburg (COUNTY) Caroline (STATE) Md

TIME OF INJURY (Month) April (Day) 8 (Year) 1950 (Hour) 3 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fire from gasoline

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dawson T. George, State Medical Examiner, Denton, Md. 4/9/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: April 11, 1950
NAME OF CEMETERY OR CREMATORY: Federal Hill Cemetery
LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG. 4/9/50
REGISTRAR'S SIGNATURE: N. H. Reeves
24. FUNERAL DIRECTOR: J. J. Frampton and Son, ADDRESS: Federalsburg, Md.

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APR 27 1950
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04441

FILM No. G 125 APR 27 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (in this place) 8 days. HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sally (Middle) (Last) Woodward.

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 19, 1897

9. AGE last birthday: 53 ~~54~~ yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Alexander McNutt

14. MOTHER'S MAIDEN NAME: Rhoda Larrimore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs J. Merritt Woodward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia - due to chronic glomerulo nephritis — Interval between onset and death: 9 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac failure due to toxic myocarditis

592x
131b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from 3 Apr, 1950, to 11 Apr, 1950, that I last saw the deceased alive on 11 April, 1950, and that death occurred at 12:40 A.m., from the causes and on the date stated above.

SIGNATURE: Newton Harrison (Degree or title) M.D. ADDRESS: Easton Maryland DATE SIGNED: 12 Apr 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/14/50 | NAME OF CEMETERY OR CREMATORY: Preston | LOCATION (City, town, or county) (State): Preston Md.

DATE REC'D BY LOCAL REG. 4/11/50 | REGISTRAR'S SIGNATURE: N. H. Merrill | 24. FUNERAL DIRECTOR: R. B. Rawlings | ADDRESS: Greensboro Md.

VS. A15

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APR 20 1950
BUREAU V. S.